Customer Service Division

Office location - 7447 E. Indian School Road, #110

or - 9379 E. San Salvador Dr., #100

Mailing Address - 3939 N. Drinkwater Blvd.

Telephone - (480) 312-2400

Scottsdale, AZ 85251



SUPPLEMENTAL APPLICATION AUCTIONEER/AUCTION HOUSE

Auction House	e Fee \$	per quar	ter			
X Auctioneer Fee	e \$ <u>25.00</u> per a	uction x	_ auctions = Fee Due	\$		
Records Checl	k Fee \$	per pe	erson x pe	eople = Fee Due		
Auctioneer License N	Number		Privilege Tax Permit	Number		
Name			-			
Address			•			
				Race		
•	stion of			Telephone		
Will conduct an aud	ation at:					
(Business Name of	f establishment where au	uction is to be held)				
(Location of establi	shment)					
(City, State, Zip)						
	ducted on the following	date(s):				
Name(s) of owner(s), partner(s), officer(s),	employee(s), Race(s)	and date(s) of birth:			
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE	RACE	DATE OF BIRTH	
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE	RACE	DATE OF BIRTH	
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE	RACE	DATE OF BIRTH	
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE	RACE	DATE OF BIRTH	
	e to be Auctioned:		of color toward and	ult of this sale:		
The following comp	oany/individual is respo	onsible for the payment	or sales tax as a res	uit of this sale:		
(Individual/Busines	s Name)					
(Mailing Address)						
(City, State, Zip)						
I hereby certify that the	he statements made here erstand that the fee is no				nowledge and belief, tru	
Date			Applicant Signature			
FOR CITY USE ONL						
POLICE DEPARTME						
Ву			Dat	e		
	Yellow: Fire Department Pink:	: Police Department			MS06400 (06/2000)	